

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		2					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7							57						
8		1					58						
9		1					59						
10	1						60						
11		1					61						
12		2					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19							69						
20							70						
21							71						
22							72						
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24							74						
25							75						
26							76						
27							77						
28							78						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	18						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						